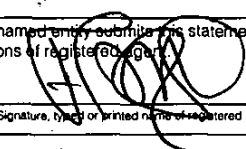


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90110 027 \*\*\*150.00

<b>DOCUMENT # P99000089865</b> 1. Entity Name <b>MECANO DEVELOPMENT CORP.</b>					
Principal Place of Business <b>16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331</b>			Mailing Address <b>16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331</b>		
2. Principal Place of Business <b>5921 SW 14 ST</b>		3. Mailing Address <b>5921 S.W 14 ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PLANTATION</b>		City & State <b>PLANTATION FL</b>		4. FEI Number <b>65-0960803</b>	
Zip <b>33317</b>		Country <b>BROWARD -</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEJIAS, ALBEIRO 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIAS, ALBEIRO 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELVIA CANO, MARIA 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELVIA CANO, MARIA 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELVIA CANO, MARIA 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELVIA CANO, MARIA 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELVIA CANO, MARIA 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELVIA CANO, MARIA 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELVIA CANO, MARIA 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELVIA CANO, MARIA 16300 GRIFFIN AVE. FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40011880



01212006 Chg-P CR2E034 (11/05)